MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**   Primary Registration District No. **1003**   Registrar's No. _____

11856-62-045014   STATE FILE NUMBER

FILED DEC 14 1962

DO NOT WRITE ON THIS STUB	AMENDED		
VS 300 Rev. 4/59	DATE AMENDED		
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — DOCUMENT

MEDICAL CERTIFICATION — BY AFFIDAVIT OF — SHOULD READ — ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo   Length of stay in 1b: 2 days

c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital give location): Cardinal Glennon Hospital For Children   Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri   b. COUNTY: St. Louis

c. CITY OR TOWN: Jennings   Inside Limits: Yes [ ] No [X]

d. STREET ADDRESS: 10831 Langford Drive   Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Steven   Middle: W   Last: Wagener

4. DATE OF DEATH: Month: December   Day: 10   Year: 1962

5. SEX: Male   **6. COLOR OR RACE**: White

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 11-6-62

9. AGE (last birthday): IF UNDER 1 YEAR — Months: 1mon   Days: 4 | IF UNDER 24 HR — Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): St Louis Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Richard C

13b. MOTHER'S MAIDEN NAME: Margaret L (Meier)

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Richard Wagener, 10831 Langford Drive

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Transposition of Great Vessels

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): 7547

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days: Yes [ ] No [ ] Unknown [ ]

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour — a.m. p.m. | Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION | COUNTY | STATE

21. I attended the deceased from 11-6-62 **to** 12-10-62 **and last saw him alive on** 12-10-62

Death occurred at 6 30 /p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James L Danaher MD

22b. ADDRESS: 950 Francis Pl

22c. DATE SIGNED: 12-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec. 11, 1962

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county): St. Louis   (State): Missouri

24. FUNERAL DIRECTOR: Math Hermann & Son, Inc., 2161 E. Fair Av St. Louis, 7, Missouri

25. DATE REC'D BY LOCAL REG.: DEC 11 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ , Student Embalmer No. _____

working under my personal supervision.

Student _____   Signed *Julius R Brown*
       Signature of Student Embalmer

Licensed Embalmer No. 5146

P. O. Address *St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.